



## **Supplemental Application Data Sheet**

### **Application Information**

Application Number:: 10/751,702

Filing Date:: 01/05/04

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:: yes

Computer Readable Form (CRF)?:: no

Number of copies of CRF::

Title:: A POLYPEPTIDE COMPRISING THE AMINO ACID OF AN N-TERMINAL CHOLINE BINDING PROTEIN A TRUNCATE, VACCINE DERIVED THEREFROM AND USES THEREOF

Attorney Docket Number:: 044158/273011

Request for Early Publication?:: No

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets:: 8

Small Entity:: No

Petition Included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Elaine I.  
Family Name:: Tuomanen  
Name Suffix::  
City of Residence:: Germantown  
State or Province of Residence:: TN  
Country of Residence:: US  
Street of mailing address:: 9600 Dove Meadow Cove W.  
City of mailing address:: Germantown  
State or Province of mailing address:: TN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 38139

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Theresa M.  
Family Name:: Wizemann  
Name Suffix::  
City of Residence:: North Potomac  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 9 Peach Leaf Court  
City of mailing address:: North Potomac  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20878

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: H. Robert  
Family Name:: Masure  
Name Suffix::  
City of Residence:: ~~Germantown~~ Leawood  
State or Province of Residence:: ~~TN~~ KS  
Country of Residence:: US  
Street of mailing address:: ~~9600 Dove Meadow Cove W.~~ 12214 Sagamore Rd  
City of mailing address:: ~~Germantown~~ Leawood  
State or Province of mailing address:: ~~TN~~ KS  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: ~~38139~~ 66209

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Leslie S.  
Family Name:: Johnson  
Name Suffix::  
City of Residence:: Germantown  
State or Province of Residence:: MD  
Country of Residence:: US  
Street of mailing address:: 20147 Laurel Hill Way  
City of mailing address:: Germantown  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20874

Applicant Authority Type:: Inventor  
 Primary Citizenship Country:: US  
 Status:: Full Capacity  
 Given Name:: Scott  
 Family Name:: Koenig  
 Name Suffix::  
 City of Residence:: Rockville  
 State or Province of Residence:: MD  
 Country of Residence:: US  
 Street of mailing address:: 10901 Ralston Road  
 City of mailing address:: Rockville  
 State or Province of mailing address:: MD  
 Country of mailing address:: US  
 Postal or Zip Code of mailing address:: 20852

**Correspondence Information**

Correspondence Customer Number:: 29312

**Representative Information**

Representative Customer Number:: 29312

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Divisional of	09/056,019	04/07/98

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::

**Assignee Information**

Assignee name:: St. Jude Children's Research Hospital  
Street of mailing address:: 332 North Lauderdale Street  
City of mailing address:: Memphis  
State or Province of mailing address:: TN  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 38105-2794

Assignee name:: Medimmune, Inc.  
Street of mailing address:: ~~35 West Watkins Mill Road~~ One MedImmune Way  
City of mailing address:: Gaithersburg  
State or Province of mailing address:: MD  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 20878

(If there is more than one assignee, repeat information for each one.)

RTA01/2153073v1